

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90370 040 ****50.00

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DOCUMENT # L05000039024					
1. Entity Name HAMILTON & JACOBS, LLC					
Principal Place of Business 4606 S. CLYDE MORRIS BLVD SUITE-28- 2B PORT ORANGE, FL 32129-7454			Mailing Address 4606 S. CLYDE MORRIS BLVD SUITE 28 PORT ORANGE, FL 32129-7454		
2. Principal Place of Business - No P.O. Box # 4606 S. Clyde Morris Blvd.		3. Mailing Address 4606 S. Clyde Morris Blvd.			
Suite, Apt. #, etc. 2B		Suite, Apt. #, etc. 2B			
City & State Port Orange FL		City & State Port Orange FL		4. FEI Number 20-2737980	
Zip 32129-7454		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMILTON, RUSSELL J 1849 TARA MARIE LANE PORT ORANGE, FL 32129-6005			7. Name and Address of New Registered Agent 940 Village Trail, Apt 9-207 Port Orange FL 32127		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: DATE: 4/18/07					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, RUSSELL J 1849 TARA MARIE LN PORT ORANGE, FL 32128 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, GLEN F 2003 SNOOK DR DELTONA, FL 32738 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hamilton, Alfred A. 881 Chickadee Drive Port Orange FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hamilton, Alfred A. 881 Chickadee Drive Port Orange FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hamilton, Alfred A. 881 Chickadee Drive Port Orange FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
10. ADDITIONS/CHANGES					
940 Village Trail, Apt 9-207 Port Orange, FL 32127					
MGRM Hamilton, Alfred A. 881 Chickadee Drive Port Orange FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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MGRM Hamilton, Alfred A. 881 Chickadee Drive Port Orange FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: DATE: 4/18/07 DAYTIME PHONE #: 386-236-0848					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					